

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	14/09/2020 09:51
Date Of Accident	11/09/2020 13:00
Exact Location Of Accident	GAMBAS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP196E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE. LTD.
Co Reg No	2XXXXX807W
Email Address	AJCHUA3211@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS C CVT-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110688602-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEO HUNG-MIEN, JAMES
NRIC No	SXXXX572B
Date Of Birth	15/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2012
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87795448
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 617 CHOA CHU KANG NORTH 7 #12-439
Postcode	680617
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT8767U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

Approximate Age

Approximate Gender

Approximate person in which vehicle?

Where was the vehicle seen?

Was the vehicle involved in a collision or accident?

Address

Postcode



## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to your insurer's claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misstatements or omissions of facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of liability by any insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the Joint Road Accident Management Centre (JAMC) to the General Insurance Association of Singapore (GIA) for archiving and that a copy of the report will for a limited period be made available to interested parties.
7. By the lodging of this report to the insurers, you hereby agree to the archiving and potential future availability of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

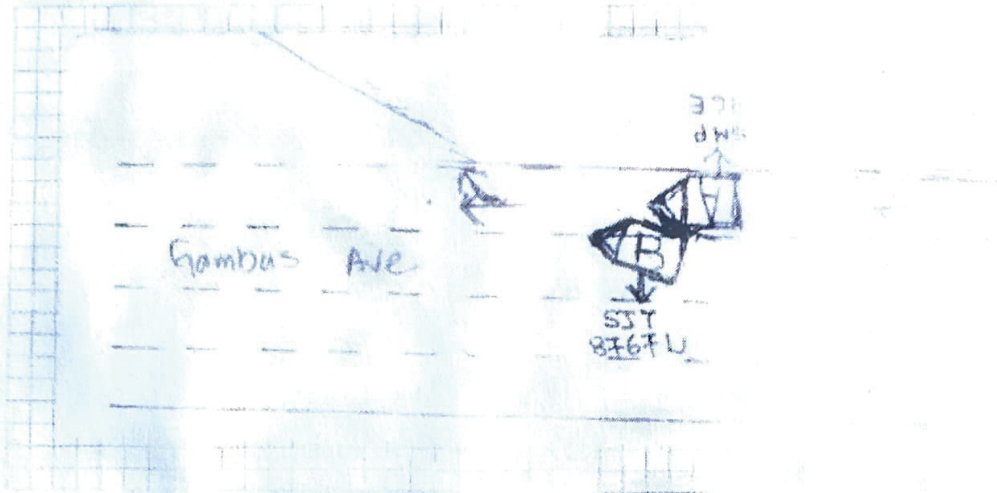
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may, for the purposes of and/or disclose and/or process my personal data/personal information set out in this Form and the information provided by me or possessed by any insurer (collectively the **Personal Information**) and the insurer(s) will disclose Personal Information to all insurer(s) who have insured vehicle(s) involved in the accident and the insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers are subject to the Monetary Authority of Singapore and any relevant laws, best agency/authorities and/or regulations of Singapore.
- (i) processing, handling and/or dealing with my claims including the settlement of my claims and any investigations relating to the claims
- (ii) investigating the accident and/or my claims
- (iii) carrying out and/or dealing with my insurance and responding to any enquiries
- (iv) administering my claims (including the making of correspondence, statements and documents which could involve disclosure of certain personal data about me to third parties and the external cover of envelopes/mail packages, etc.)
- (v) complying with applicable law in administering, settling and/or handling and/or dealing with my claims ("Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers may, for the purposes of and/or collect, use, disclose and/or process my Personal Information for one or more of the Purposes
- (c) my Personal Information may/ can be disclosed to one or more of the Insurers and/or their agents (including their lawyers/law firms), which may be based outside of Singapore
- (d) my Personal Information will also be collected and used to compile claims history for investigation and management in present and future claims
- (e) the information to be collected under (i) above may also be disclosed:
  - (i) to all insurer(s) and/or any other third parties that assist in evaluating, investigating, settling, or managing claims
  - (ii) to regulators, law enforcement and government authorities reasonably required
  - (iii) for complying with requirements under any relevant laws or court orders

  
Policyholder's Signature  
Date: 6/10/2024

  
Insurer's Signature  
Date: 6/10/2024

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time  
Straight  
 I was travelling along Gambia Avenue suddenly  
 vehicle 'B' swerved into my lane & caused my  
 vehicle to hit onto the kerb on my right

## DECLARATION

(We declare the foregoing particulars are true & correct)

X *[Signature]* *[Signature]*